



PEPFAR South Africa

March 2007 Newsletter

Meet the Ambassador



Ambassador Eric M. Bost arrived in South Africa in August, and in the few subsequent months has seized numerous opportunities to underscore the life-saving work of the Mission's PEPFAR partners.

The Ambassador has visited PEPFAR projects in six provinces, and looks forward to meeting as many partners and beneficiaries around the country as possible during his tenure.

Prior to assuming his position in Pretoria, Ambassador Bost served as Under Secretary for Food, Nutrition, and Consumer Services (FNCS) at the U.S. Department of Agriculture. Before his appointment to that position, Ambassador Bost served as Commissioner and Chief Executive Officer of the Texas Department of Human Services (DHS) for four years.

Inside this issue:

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As FNCS Under Secretary, Ambassador Bost was responsible for the administration of the fifteen USDA nutrition assistance programs with a combined budget of over \$58 billion, including the Food Stamp Program, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch and School Breakfast Programs, and the Commodity Distribution Programs.

During his tenure at the Department of Agriculture, Ambassador Bost led an expanded U.S. initiative to promote improved nutrition and food security in South Africa, Sierra Leone, Ethiopia, Hong Kong, Brazil, Tanzania, Swaziland, Mozambique, Uganda, Madagascar, Chile, United Kingdom, Argentina, Mexico, Israel, Italy, China and Japan.

A native of Concord, NC, Ambassador Bost holds a B.A. degree in psychology from the University of North Carolina at Chapel Hill and an M.A. degree in Special Education from the University of South Florida.

PEPFAR Announces Fiscal Year Achievements

PEPFAR's Annual Progress Report for fiscal year 2006 (October 2005-September 2006) shows continued successes in all program areas. Challenges obviously remain, but PEPFAR would like to take a moment to applaud its many partner organizations for the excellent work and unwavering commitment to making a difference in the lives of tens of thousands of South Africans. While the full PEPFAR South Africa Annual Report is anticipated in the coming weeks, here are some brief highlights from the year.

PMTCT

During the year, PEPFAR partners worked in 570 sites where almost **98,829** pregnant women were tested for HIV. Of those women **29,515** were provided with ARV prophylaxis. PEPFAR partners facilitated and provided training for 11,143 healthcare workers in the provision of PMTCT services and according to national guidelines. In addition, PEPFAR supported capacity building of healthcare workers, lay counselors, community support groups and community health workers to improve access to ARV prophylaxis among HIV-infected pregnant women.

Treatment Services

During the fiscal year, PEPFAR partners directly supported the provision of comprehensive HIV care and treatment, including antiretroviral treatment for **98,590** persons in the public, private and NGO sector. The U.S. Mission and PEPFAR partners continue to support the public sector scale-up of antiretroviral treatment, with 75% of PEPFAR



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Results, cont.

treatment services in government hospitals and clinics. Significant support was provided to the National and Provincial Departments of Health. This support includes training **26,852** health care workers to deliver ART services according to the national treatment guidelines; provision of financial support for hundreds of health workers at facility level and technical advisor support staff within the NDOH; and strengthening pharmaceutical systems by working with the Pharmaceutical Policy and Planning Cluster.

Palliative Care

PEPFAR provided HIV-related palliative care services to **514,338** people infected and affected by HIV, with a focus on quality services. It is expected that minimum standards for holistic palliative care will be implemented in 2007 and linkages to treatment services will be strengthened.

OVC

PEPFAR provided support services to **248,898** orphans and vulnerable children (OVC), working closely with the Department of Social Development. Approximately 43% of these OVC were reached with at least three out of nine types of services, which includes access to education, and medical care. PEPFAR provided support to the Department of Social Development to strengthen OVC services through provision of staff and assistance with developing and implementing the Monitoring and Evaluation Framework for OVC. In addition, PEPFAR trained **16,067** providers and caretakers in caring for OVC.

Behavior Change

PEPFAR partners implement activities to promote an ABC approach - abstinence, be faithful, and correct and consistent condom use. Through peer education in schools and in the workplace, kids clubs, and other forms of

community outreach, PEPFAR reached over **10 million people** with behavior change messages during the fiscal year.

Counseling and Testing

PEPFAR partners supported counseling and testing services for **342,679** people in 1,500 private, public and NGO sites. PEPFAR partners assisted with building capacity for HIV testing in public health facilities and non-governmental organizations (NGOs). A total of **15,526** people were trained in counseling and testing according to the national guidelines. PEPFAR partners also assisted the NDOH in the development of Voluntary Testing and Counseling (VCT) guidelines, policies and strategies, and lay counselor accreditation. For more, please visit the PEPFAR website at <http://pretoria.usembassy.gov/wwwhepfpfar.html>

Upcoming Events

- South African Monitoring and Evaluation Association Conference, March 28-30, Johannesburg
- Second International Conference on HIV Treatment Adherence, March 28-30, New Jersey, USA
- Second International Conference and General Assembly Meeting of the African Network for Strategic Communication in Health Development, April 2007, Johannesburg
- Forth African Social Aspects of HIV/AIDS Research Conference and NESCO/UNISOL Congress, April 29-May 4, Kisumu, Kenya
- Third South African AIDS Conference, June 5-8, Durban
- PEPFAR Implementers Meeting, June 16-19, Kigali, Rwanda
- AIDS Impact Summit, July 1-4, Marseille, France
- International Women's Summit: Women's Leadership on HIV/AIDS, July 4-7, Nairobi, Kenya
- Fourth IAS Conference on HIV Pathogenesis, Treatment, and Prevention, July 22-25, Sydney, Australia



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A PEPFAR Success Story

- Aurum Care Centre

My name is Philani Mono. I am the person in the middle of the photograph. The other two people in the picture are my friends. I am a patient at Aurum's Care Centre in South Africa, which is funded through President Bush's Emergency Plan for AIDS Relief (PEPFAR). I was transferred from Soweto Hospice to the Care Centre in June 2004.

I was very ill and had given up on life. I lost my wife in 2003 and had to leave my ten-year-old daughter in my aunt's care. Death was real to me. I suffered from tuberculosis (TB), severe nerve disease (neuropathy) and anorexia. The neuropathy caused me to lose the feeling in my legs, so I have to use a wheelchair.

Today, two years later, I am enjoying life again. With highly active antiretroviral therapy (HAART), I improved my health. Now I can assist my daughter financially with help from a disability grant. I have also done a computer course. I am studying basic counseling and testing skills so that I can help other HIV-infected South Africans.

Although I still need a wheelchair, I am thankful for the opportunity to live and watch my daughter grow up. I look forward to sharing my experience by counseling other patients admitted to the Aurum Care Centre. The word, "Aurum", means "gold". Life is precious. The question is

what we are going to do with the gift?

Alex, my friend on my left, was admitted to the Care Centre at the age of 26. The inner city streets were his home since childhood. His immune system was weak as HIV attacked his body. The CD4 count that measures cells in the immune system is normally between 800 and 1000.

Alex's was far below that amount. He was wasted, confused and delusional.

He began taking TB treatment. For weeks after admission, Alex just slept. He only woke up when the bell rang for meals.

We all thought that Alex was too ill to recover, but he did not give up on life. After two months on TB treatment, he started antiretroviral therapy (ART). His condition improved radically. Today, Alex is reunited with his family and lives with them.

Lucky, my friend on my right was

a sales person before he became infected. He was so frail, he practically limped into the Aurum Care Centre. His pain was so unbearable that he wished to die. The staff wanted him to live and prayed with him everyday.

His faith became stronger with the loving support he got at the Centre. His pain lessened due to ART.

Lucky slowly started walking again and can now walk from his home to the Aurum Care Centre. He is studying to become a pastor and will graduate soon. Lucky tells everybody that he had everything, but almost lost his life from one mistake. He appreciates the valuable gift of life.

These stories describe the three of us so far. Sadly, we have lost friends to AIDS, but our philosophy is to never give up. I extend my sincere thanks and devotion to all the staff at the Aurum

Care Centre, our donors (especially PEPFAR), visitors and families. To those who are not sure about their status, I trust my letter will give you the courage to be tested. All you need to do is to take that first step. AIDS is not the end of the world!



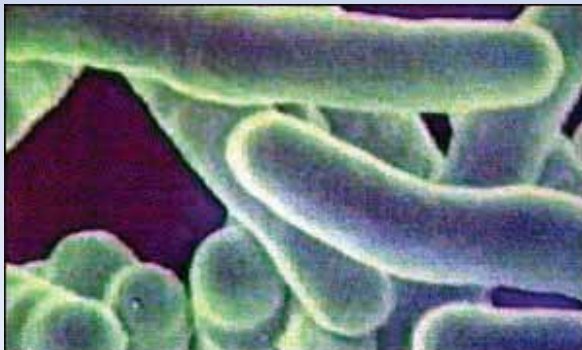


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XDR TB: An Emerging Threat

Tuberculosis (TB) has been present in humans for millennia, and some may be surprised to learn that one in three of us carries the TB bacterium. Although today most active TB cases can be cured with appropriate care and treatment, poorly managed patient care, inaccurate diagnosis, and inappropriate treatment of TB have made drug resistant and multidrug-resistant (MDR) TB increasingly common.



In March 2006, the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC) first reported extensively drug-resistant TB (XDR TB) as a serious, emerging threat to public health and TB control worldwide. XDR TB is resistant to first-line and most second-line TB drugs, which severely limits treatment options.

South Africa is one of 27 countries around the world which have reported XDR TB, and as of February 2007 there have been between 260 and 330 cases in the country, with approximately half of those cases proving fatal. The emergence

of XDR TB further complicates an alarming picture in South Africa. In 2006, there were approximately 300,000 reported cases of TB in South Africa, a fact made particularly worrying by the country's high HIV prevalence rate, which results in a population more susceptible to such opportunistic diseases.

Fortunately, it is possible to control the conditions that contribute to XDR TB. In a recent position statement the South African Medical Research Council (SAMRC) wrote that prevention of XDR TB is "... straight-forward if health systems ensure, as a first priority, that individuals suspected of having TB have universal access to rapid diagnosis, appropriate treatment and adequate support systems to ensure treatment completion, based on the international standards for tuberculosis care".

In response to XDR TB, PEPFAR is supporting national efforts including strengthening the laboratory capacity and improving infection control in healthcare settings. PEPFAR also strongly supports the National TB Control Programme, and

its efforts to strengthen national, provincial, and district TB services.

While effective management and treatment helps contain the epidemic, preventive measures taken by the public health system are crucial in stopping the spread of XDR TB. Non-governmental and other organizations, including PEPFAR partners, can play an integral role in this public health response by implementing active TB case finding strategies, ensuring access to care, treatment, and support for both TB and HIV, and establishing systems to manage HIV and TB in a complimentary and collaborative way.

For more information on XDR TB, please visit:

National TB Control Programme (South Africa) - <http://www.doh.gov.za/tb/index.html>

PEPFAR Fact Sheet on TB and HIV/AIDS - <http://www.state.gov/documents/organization/69211.pdf>

WHO/Tuberculosis - <http://www.who.int/tb/en/>

STOP TB Partnership - <http://www.stoptb.org/>

CDC Division of Tuberculosis Elimination - <http://www.cdc.gov/tb/>



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New/Updated PEPFAR Web Resources

The PEPFAR team is pleased to announce that there is now a global public website dedicated to the program. While there have previously been a number of PEPFAR web resources, this site is designed to consolidate program background, policy documents, and country-specific information. The website address is www.pepfar.gov.

In addition, the South Africa PEPFAR website has recently been redesigned to improve clarity and ease of navigation. That address is <http://pretoria.usembassy.gov/wwwhpepfar.html>.

We welcome your feedback on these web resources. Please direct your comments to Information Officer Mark Schlachter at schlachtm@state.gov.

